

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-6		3/30
O.I.P.E. CLASSIFIER		43	4/30/01
FORMALITY REVIEW	KL	1019	05.04.01
RESPONSE FORMALITY REVIEW.			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions, staple additional sheet here

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